

SRO Program INFORMATION Form – FY04

Fill out and attach copies of this form to the original and two copies of your first quarter QAR. If you have any questions, call John Schuiteman at (804) 371-0864 or your grant coordinator.

Name of Law Enforcement Agency: _____ Date: _____

SRO Program Manager (contact): _____

Contact Phone #: _____

Email address: _____

FY 03-04 Grant Number: _____ Number of SRO positions the grant funds: _____

SRO who will fill this position: _____

RANK

FIRST NAME

LAST NAME

No. years this SRO has been a sworn officer: _____ No. years as SRO: _____

Name of school where the position is assigned: _____

NOTE: If the grant funds more than one SRO, provide information about the other SRO(s) below.

SRO who will fill this position: _____

RANK

FIRST NAME

LAST NAME

No. years this SRO has been sworn officer: _____ No. years as SRO: _____

Name of school where position is assigned: _____

SRO who will fill this position: _____

RANK

FIRST NAME

LAST NAME

No. years this SRO has been sworn officer: _____ No. years as SRO: _____

Name of school where position is assigned: _____

